

DISABILITY AWARENESS CAMPAIGN AWARDS



Award Description: This award recognizes one individual and one group or organization who has organized an exemplary Disability Awareness campaign which has changed attitudes and enhanced the perception of the value and contributions of people with disabilities.

Eligibility and Selection: All community, business, or school Disability Awareness campaigns that occurred during March are eligible for submission. Nominees can be an individual, group or organization. The Council will select up to two winners based on the criteria established for the award.

Criteria: Candidates considered for this award will be judged for their success in using campaign materials provided by the Council, as well as other resources, to organize a Disability Awareness campaign according to the following criteria:

- (a) **Involvement:** Candidate will have developed, organized, and implemented activities to benefit people in terms of knowledge, attitudes, values, skills, or mutual understanding and cooperation.
- (b) **Collaboration:** Candidate will have developed cooperative relationships and linkage with other individuals, organizations, and/or community groups.
- (c) **Originality:** This category challenges candidates to develop activities that are new and exciting in ways that will draw community interest and participation of the target audience.
- (d) **Public Relations/Outreach:** Awareness activities and events are published in the news or other media channels.
- (e) **Inclusion:** Candidate will have involved people with disabilities in planning, participating, or presenting.

APPLICATION GUIDELINES

Submissions for the **Disability Awareness Campaign Awards** should contain information about the overall Disability Awareness campaign and campaign activities that were conducted. Information should also include a description of the involvement of people with disabilities in planning, presenting and/or activities. **Self-nominations are encouraged.**

Please include the following additional information in the submission:

- (a) **Cover Sheet:** Complete the enclosed nomination cover sheet and attach information corresponding to the items below:
- (b) **Overview Narrative:** Provide a summary of why the individual, group or organization deserves the award.
- (c) **Program Description:** Provide information on activities conducted, target audience, number of participants, goals and outcomes, how Council materials were used, and the role of the nominee.
- (d) **Collaboration:** List other organizations, groups, and individuals (including people with disabilities and families) who assisted and describe their contributions and/or roles.
- (e) **Outreach:** Explain outreach that was conducted to reach the target audience and media coverage (if applicable).
- (f) **History/Future:** Explain the history and future of the campaign. Was this a first time effort? If so, describe how the nominee got started, barriers overcome, and plans for future activities. If it is an annual event, describe the nominee's historical role, when it began, and how the activities have changed or grown over time.
- (g) **Supportive Documentation:** Letters of endorsement from groups or representatives of organizations who assisted with or attended the event/activities, photos, and newspaper articles/media clips where available.



DISABILITY AWARENESS CAMPAIGN AWARDS COVER SHEET

NOMINATION

Application Deadline is Friday, August 15, 2014

AWARDS AND RECOGNITION

Award recipients will be recognized during the Council's Annual Conference for People with Disabilities at an awards ceremony in downtown Indianapolis. Award recipients and a guest will be offered a scholarship to attend the full conference. The scholarship includes registration fees, parking, and double occupancy overnight hotel accommodations for award recipients living (50 miles) outside of the Indianapolis area .

Candidate Information

Candidate: _____

Organization (if applicable): _____

Address: _____

City: _____ State: IN Zip: _____

Phone Number: _____ Email: _____

Individual Submitting Nomination

Person: _____

Organization (if applicable): _____

Address: _____

City: _____ State: IN Zip: _____

Phone Number: _____ Email: _____

Does the candidate know you are nominating them? ☐ Yes ☐ No

Award Category (Please check appropriate box)

☐ Individual, Community Group, or Government entity

☐ School

Instructions

Attach additional information listed under the application guidelines and submit to:

COMMUNITY SPIRIT AWARDS

c/o Governor's Council for People with Disabilities

Ms. Brenda Wade

402 W Market St, Rm E145

Indianapolis, IN 46204-2821

Or e-mail to: bwade@gpcpd.org

317-233-4551 (phone); 317-233-3712 (fax)

Alternate formats are available on request. This document is available on the Council website at www.in.gov/gpcpd/2339.htm or may be mailed/e-mailed to you on request.